



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter)

Identification Number: 001244033

Annual Report Filing Year: 2018

1.a. Exact name of the limited liability company: EVERSOURCE GAS TRANSMISSION II LLC

1.b. The exact name of the limited liability company *as amended*, is: EVERSOURCE GAS TRANSMISSION II LLC

2a. Location of its principal office:

No. and Street: 800 BOYLSTON STREET
17TH FLOOR
 City or Town: BOSTON State: MA Zip: 02199 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 800 BOYLSTON STREET
17TH FLOOR
 City or Town: BOSTON State: MA Zip: 02199 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

TO SERVE, FROM TIME TO TIME, AS A HOLDING COMPANY FOR THE MEMBER OF THE COMPANY, INCLUDING ITS 15 PERCENT MEMBERSHIP INTEREST IN ALGONQUIN GAS TRANSMISSION, LLC, AND TO BE ENGAGED IN ANY LAWFUL BUSINESS, TRADE, PURPOSE OR ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES MAY BE PERMITTED BY THE MA LIMITED LIABILITY COMPANY ACT, AS AMENDED FROM TIME TO TIME.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: RICHARD J. MORRISON
 No. and Street: 800 BOYLSTON STREET, 17TH FLOOR
 City or Town: BOSTON State: MA Zip: 02199 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	LEON J. OLIVIER	56 PROSPECT STREET HARTFORD, CT 06103 USA
MANAGER	PHILIP J. LEMBO	800 BOYLSTON STREET, 17TH FLOOR

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	RICHARD J. MORRISON	800 BOYLSTON STREET, 17TH FLOOR BOSTON, MA 02199 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	RICHARD J. MORRISON	800 BOYLSTON STREET, 17TH FLOOR BOSTON, MA 02199 USA

9. Additional matters:

SIGNED UNDER THE PENALTIES OF PERJURY, this 12 Day of October, 2018,
RICHARD J. MORRISON , Signature of Authorized Signatory.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

October 12, 2018 10:22 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized 'W' and 'G'.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth